



## Division of Regulation & Licensure Section for Long Term Care Regulation LTC Bulletin

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Volume 6, Issue 1

Winter 2008

### Lessons Learned

#### *A Tribute to the Victims of the Anderson Guest House Fire*

*by Shelly Williamson, SLCR Operations Manager and  
Tracy Cleeton, SLCR Engineering Consultation Manager*



It is difficult to believe it has been over a year since the horrific fire at the Anderson Guest House. Whether directly or indirectly impacted, few of us will ever forget the fire that claimed 11 precious lives.

Soon after the Anderson Guest House fire, the Governor directed the departments of Health and Senior Services and Mental Health to review their fire safety regulations and make recommendations on needed changes. He approved House Bill 952 and 674 on June 1, 2007. The bill, also known as the "sprinkler legislation," requires sprinkler systems in many long term care facilities and outlines other fire safety measures. To access a copy of the bill, go to <http://www.house.mo.gov/bills071/biltxt/truly/HB0952T.HTM>.

The Section for Long Term Care Regulation (SLCR) is drafting rules to implement the provisions in House Bill 952 and 674. As we move through this process, let us never forget the reasons for and the intent of this legislation.

#### *WHO: Who will be conducting the fire safety inspections?*

Effective August 28, 2007, House Bill 952 and 674 requires the State Fire Marshal's Office to conduct fire safety inspections for long term care facilities licensed by the SLCR. However, the SLCR and the State Fire Marshal's Office entered into a Memorandum of Understanding allowing the SLCR to continue conducting fire safety inspections until June 30, 2008. This postponement in transferring fire safety inspection authority to the State Fire Marshal's Office allows time for a smooth transition. SLCR

will keep interested parties updated during the transition process.

#### *WHAT and WHEN: Fire Safety Requirements*

Skilled nursing and intermediate care facilities, and all new facilities licensed after August 27, 2007, are required to have a commercial sprinkler system installed and maintained in accordance with *National Fire Protection Association (NFPA) 13*, 1999 edition. This includes all newly licensed residential care and assisted living facilities.

Assisted living facilities that care for residents who require more than minimal assistance to evacuate are required to have a sprinkler system, regardless of the facility size. Multi-level assisted living facilities are required to have a commercial sprinkler system installed and maintained in accordance with *NFPA 13*, 1999 edition. Single-level assisted living facilities must install a residential sprinkler system in accordance with *NFPA 13R*, 1999 edition.

Residential care facilities and assisted living facilities that do not care for residents who require more than minimal assistance to evacuate and are licensed for more than twenty residents will be required to have a residential sprinkler system installed in accordance with *NFPA 13R*, 1999 edition. However, they may be exempt from the sprinkler installation requirement, if they meet the safety requirements of Chapter 33 of *NFPA 101*, 2000 edition. Please note that residential care and assisted living facilities with fewer than twenty residents do not have to meet the sprinkler installation requirements.

*(continued on page 2)*

# Lessons Learned

## *A Tribute to the Victims of the Anderson Guest House Fire*

(continued from page 1)

Existing facilities required to install sprinkler systems have until December 31, 2012, before enforcement begins. Existing residential care and assisted living facilities that do not install a residential system in accordance with *NFPA 13R* by December 31, 2012, will be required to install a commercial system in accordance with *NFPA 13* by December 31, 2013.

All facilities will be required to have an interconnected fire alarm system installed by December 31, 2008. The fire alarm system must automatically transmit to the local fire department, a central monitoring station, or central dispatching agency. This alarm system must include, but is not limited to, the following:

- ☐ Manual pull stations at all exits and at nurse/attendant work stations
- ☐ Smoke detectors every 30 feet in corridors or passageways with no point farther than 15 feet from a detector
- ☐ No point in the building farther than 30 feet from a smoke detector
- ☐ An audio and visual indicator while the fire alarm is active
- ☐ Heat detectors in spaces not covered by smoke detectors or sprinkler systems, such as attics

By December 31, 2008, all facilities must subdivide any floor exceeding 75 feet in width or length into at least two smoke sections by one-hour fire rated walls. Doors in one-hour fire rated walls must automatically close upon activation of the fire alarm system.

By July 1, 2008, all facilities must submit a plan to the State Fire Marshal's Office outlining how they are meeting, or plan to meet, the requirements for sprinklers, fire alarm systems, and smoke sections.

### Additional Fire Safety Requirements:

- ☐ Residents are permitted to smoke only in designated areas
- ☐ Additional fire safety training must be provided to staff and residents
- ☐ Facilities must have unannounced fire drills
- ☐ Facilities must notify SLCR of fires and fire watches



## Sprinkler System Inspections

### *Do you know what to look for?*

by Tracy Cleeton, SLCR Engineering Consultation Manager

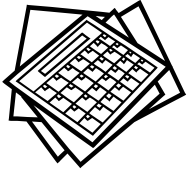
All long term care facility sprinkler systems must be maintained, inspected, and tested in accordance with the *National Fire Protection Association (NFPA) 25*. Sprinkler heads must be visually inspected annually. The inspection is typically conducted from the floor level unless a closer view is necessary to determine compliance with *NFPA 25* standards. Sprinkler heads must be free from corrosion, foreign material, paint, physical damage, and installed properly (e.g. upright heads installed in an upright position). Sprinkler heads and water supply pipes should never be used to hang items. Doing so can cause a delayed sprinkler response, an inoperable sprinkler head, or system failure.

A common citation related to sprinkler systems is the failure to provide maintenance and testing documentation as required by *NFPA 25*. State inspectors evaluate the maintenance and testing documentation provided by the long term care facility and/or the testing company. A testing company may not fully document the work completed; therefore, the state inspectors and the facility provider are unable to verify the process. A facility representative is strongly encouraged to accompany the testing company technicians or state inspectors during the inspection to clarify and resolve any identified problems, as well as obtain thorough documentation of the completed testing and maintenance.

The Department of Health and Senior Services' goal is fairness and consistency in the application of the fire safety regulations, thereby helping to ensure a safe and healthy environment for the residents.

## New Laws Impact Long Term Care Facilities *When do they take effect?*

*by Janice Frank, Facility Advisory Nurse, SLCR Policy Unit*



The 2007 Missouri General Assembly passed three pieces of legislation that directly impact long term care facilities. House Bill 952 and 674 modify fire safety laws; Senate Bill 3 enacts mental health reform; and Senate Bill 397 modifies provisions for long term care facility applications. As a result of these legislative changes, the Department of Health and Senior Services (DHSS) is revising a number of its long term care regulations.

The proposed changes will follow the rulemaking process with the Office of Secretary of State. Once the proposed changes are reviewed and approved by the department's State Board of Senior Services, they will be filed with the Office of the Secretary of State. The proposed rules will then be published in the *Missouri Register* and will be open for public comments. After final revisions, they will be published in the *Code of State Regulations* (CSR) and will become effective 30 days after publication. The entire process generally takes about a year.

The following rules within 19 CSR 30 are currently under revision by the Section for Long Term Care Regulation:

- |  |   |
|--|---|
| 82.010 General Licensure Requirements  | 86.022 Fire Safety Standards for Residential Care Facilities and Assisted Living Facilities   |
| 83.010 Definition of Terms   | 86.032 Physical Plant Requirements for Residential Care Facilities and Assisted Living Facilities   |
| 84.020 Certified Medication Technician Training Program  | 86.045 Standards and Requirements for Assisted Living Facilities Which Provide Services to Residents with a Physical, Cognitive, or Other Impairment that Prevents the Individual from Safely Evacuating the Facility with Minimal Assistance |
| 84.030 Level 1 Medication Aide   | 86.047 Administrative, Personnel and Resident Care Requirements for Assisted Living Facilities  |
| 85.022 Fire Safety Standards for New and Existing Intermediate Care and Skilled Nursing Facilities       | 88.010 Resident Rights  |
| 85.032 Physical Plant Requirements for New and Existing Intermediate Care and Skilled Nursing Facilities |   |
| 86.012 Construction Standards for Assisted Living Facilities and Residential Care Facilities             |   |

### Stay in the Loop!

Are you in the loop with the latest long term care information? Join the *LTC Information Update* list serve!

You can subscribe and unsubscribe at any time. It is strongly recommended that each facility establish and utilize a permanent email address, one that is assigned to the facility, not an employee. This will ensure that the facility receives the latest information in a timely manner.

Individuals, long term care facilities, organizations and other interested parties are welcome to subscribe. Please go to: [http://cntysvr1.lphamo.org/mailman/listinfo/ltrc\\_information\\_update](http://cntysvr1.lphamo.org/mailman/listinfo/ltrc_information_update).

Share this information with others who may be interested. For list serve questions, contact Sally McKee at (573) 526-8514 or [Sally.McKee@dhss.mo.gov](mailto:Sally.McKee@dhss.mo.gov).

# Staying on Course through Turnover

by Natalie Fieleke, MA, Primaris

The effects of nursing home leadership turnover are staggering for everyone in nursing homes — the residents and their families, caregivers, owners, and managers.

Leadership turnover is the loss of facility administrators, directors of nursing (DONs) or Minimum Data Set (MDS) coordinators. In 2002, the American Health Care Association (AHCA) estimated a 36 percent turnover rate for administrative registered nurses and a 50 percent turnover rate for DONs. Missouri's numbers were even worse: a turnover of 61 percent for DONs and 42 percent for administrators. The problem continues today. Among a select group of Missouri nursing homes that represents 10 percent of facilities, 72 percent reported turnover of at least one leader from 2005 to 2006.



How does losing one leader affect nursing home staff and residents? An increase in management turnover is associated with subsequent higher turnover among direct caregivers (Castle, 2005). Research also shows that nursing home administrator turnover can negatively influence the quality of care residents receive. Leaders, both administrators and DONs, have a vision and a plan to see organizational goals fulfilled. They inspire staff to share in this vision and to meet collective goals. The loss of a leader often means the loss of that vision and the breakdown of plans and processes. Knowledge related to improving quality of life, and careful monitoring of quality measures and evaluation of care processes, can go by the wayside.

Although leadership turnover is a large-scale challenge with no one-size-fits-all solution, there are strategies for alleviating this problem before it begins. Clinical improvement is best sustained when teams are empowered with the knowledge and authority to solve clinical problems. Strong teams can limit the negative effects of turnover, survive a disruption in leadership and focus on ongoing areas of concern such as pressure ulcers, restraints or fall management. They can establish procedures, train staff, monitor ongoing improvements and consistently correct course to keep the facility on target in spite of turnover. Even if a facility does not currently have a turnover problem, a team established to address workplace issues, such as retention, can proactively prevent this problem. Nurse managers can be trained to use teams that will empower staff to improve charge nurse and certified nurse assistant retention. This will decrease the burden of management “trying to do it all themselves.”

For additional strategies to improve retention and support, effective leadership and management practices go to [www.primaris.org](http://www.primaris.org). Click on “Professionals” and select “Nursing Home” products. Under “Topics,” select “QI Resources” and then the CD titled “Developing and Retaining a Caring Workforce.” For additional information, visit:

- [www.medqic.org](http://www.medqic.org)
- [www.nhqualitycampaign.org](http://www.nhqualitycampaign.org)
- [www.paraprofessional.org](http://www.paraprofessional.org)

Castle, N.G. (2005). Turnover begets turnover. *The Gerontologist*, 45 (2), 186-195.

## Background Checks — Who Needs ‘Em?

*by Rick Jury, Facility Surveyor, SLCR Survey & Compliance Unit*



You are not alone if you do not know where to start when it comes to employee background checks. Sorting through all the regulations can be overwhelming and confusing.

All long term care facilities licensed by the Missouri Department of Health and Senior Services (DHSS) are required to conduct employee background checks. Before hiring any person who will have contact with residents, facilities **must** (1) request a criminal background check on the applicant **and** (2) inquire of DHSS whether the applicant's name appears on the Employee Disqualification List (EDL).

Long term care facilities cannot employ an applicant in any capacity until the EDL check is complete, and cannot continue to employ a person whose name appears on the EDL. In addition, facilities are required to check each quarterly EDL update to ensure that no employee's name has been added. For more information about the EDL, go to: <http://www.dhss.mo.gov/EDL/> or call (573) 526-8544 or (573) 522-2449.

A facility may request a criminal background check on an applicant through Missouri's Family Care Safety Registry (FCSR), a private investigation agency or professional association, as long as the background check is completed through the Missouri State Highway Patrol (MSHP). An applicant may be employed and have resident contact while the MSHP background check is pending. However, the facility should review the background check once it is received to ensure that the employee has not had any disqualifying convictions. It is a Class A misdemeanor for a facility to knowingly hire or retain a person to have contact with residents if that person has been convicted of a disqualifying crime. Residential care facilities and assisted living facilities cannot employ individuals who have access to controlled substances and have been convicted of offenses related to controlled substances. Please note that effective August 28, 2007, a new criminal offense, Vulnerable Person Abuse (Chapter 565, RSMo), was added to the list of disqualifying crimes. For guidance concerning specific crimes, refer to Section 660.317, RSMo, or contact the DHSS Section for Long Term Care Regulation Survey and Compliance Unit at (573) 526-8532.

Long term care facilities **may** utilize the FCSR to obtain background screenings at no cost. Information may be obtained by contacting the FCSR by Internet, phone, fax or mail. All eldercare workers hired on or after January 1, 2001, are required to register with the FCSR within 15 days of employment. It is the responsibility of the individual worker, not the facility, to register with FCSR.

The FCSR reports background screening information on caregivers and includes:

- State criminal history records maintained by MSHP - For more information, contact the Missouri State Highway Patrol at (573) 526-6153.
- Sex Offender Registry information maintained by MSHP - Persons required to register include those who have been convicted of, found guilty of, or plead guilty to, committing or attempting to commit sexual offenses. For more information, contact the Sex Offender Registry toll-free at 1-888-767-6747.
- Child abuse/neglect records maintained by the Department of Social Services (DSS).
- The Employee Disqualification List maintained by DHSS.
- The Employee Disqualification Registry maintained by the Department of Mental Health.

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## Background Checks — Who Needs ‘Em?’

(continued from page 5)

- Childcare facility licensing records maintained by DHSS.
- Foster parent licensing records maintained by DSS.

Federal regulations prohibit long term care facilities certified to participate in Medicare and Medicaid from employing individuals who have been found guilty in a court of law of abuse, neglect, misappropriation of residents' property or mistreating residents, and long term care facilities cannot employ individuals who have had a finding entered into the state nurse aide registry for any of these offenses. DHSS maintains a Certified Nurse Assistant (CNA) Registry, which documents any of these findings for CNAs or Certified Medical Technicians (CMT). If these acts occur while an individual is employed as a CNA or CMT in a federally certified long term care facility or long term care hospital wing, the registry will show the individual has a federal indicator and is prohibited from working in a certified facility. Providers are required to check the registry before hiring any individual and may not continue to employ a person whose name appears on the registry with a federal indicator. Providers must seek registry verification from all states believed to have information on an individual. For more information, go to: <http://www.dhss.mo.gov/CNARegistry/>.

Individuals disqualified from employment because of criminal convictions or findings listed on the FCSR may apply for the disqualification to be waived. They may apply for a good cause waiver with DHSS by contacting the Good Cause Waiver Program at 1-866-422-6872 or (573) 526-1974. Individuals whose names appear on the DHSS EDL **are not eligible** to receive a good cause waiver. Such persons must follow the provisions of Section 660.315, RSMo, to have their placement on the EDL reviewed. For more information about the good cause waiver, go to: <http://www.dhss.mo.gov/goodcausewaiver/>.

There are options available to facilities to help them comply with the requirements and make informed decisions when hiring, thereby ensuring a safe environment.



### How to contact the Family Care Safety Registry:

Missouri Department of Health and Senior Services

Family Care Safety Registry

P.O. Box 570

Jefferson City, MO 65102

Toll-Free: 1-866-422-6872 (7:00 am – 6:00 pm CST, M-F)

Phone: (573) 526-1974 (7:00 am – 6:00 pm CST, M-F)

FAX: (573) 522-6981

Web: <http://www.dhss.mo.gov/FCSR/>



**Stop Elder Abuse! Call  
the Hotline 24/7 at  
1-800-392-0210.**

**TDD 1-800-669-8819 or  
Relay Missouri 1-800-676-3777**

### **ATTENTION ADMINISTRATORS!**

Are you planning to renew your Nursing Home Administrator (NHA) license in 2008? If so, visit the Board of NHA's website at [www.dhss.mo.gov/BNHA](http://www.dhss.mo.gov/BNHA) to:

- ♦ View the log of approved Continuing Education (CE) programs
- ♦ Find links to the online CE providers
- ♦ Locate forms and other information of interest

## David Durbin Retires

David Durbin, director for the Division of Regulation and Licensure, retired August 31, 2007. Many friends and co-workers attended a farewell reception to wish him well. But he did not stay retired long! He accepted a position with St. Louis' SSM Health Care as corporate public policy manager in public affairs. David recently became a first-time grandfather and celebrated the births of a grandson and granddaughter!



## Change is Here!

The Communications Taskforce of MC5 ( Missouri Coalition Celebrating Care Continuum Change) is proud to announce its new website is up and running!

Please visit the website at:  
<http://www.missourimc5.org/>.

## LTC Bulletin Soon Goes Paperless

The quarterly newsletter, *LTC Bulletin*, is currently available in paper and electronic format. Facilities receive one in the mail and also have the option of viewing it electronically through the *LTC Information Update* list serve, as well as the DHSS website.

Soon, however, the Section for Long Term Care Regulation (SLCR) is planning to discontinue the paper version, and facilities will only be able to access the newsletter electronically through the website and list serve. Current and past issues are available on-line at:  
<http://www.dhss.mo.gov/NursingHomes/ProviderInfo.html>.

Long term care facilities are strongly encouraged to subscribe to the *LTC Information Update* list serve at:  
[http://cntysvr1.lphamo.org/mailman/listinfo/ltrc\\_information\\_update](http://cntysvr1.lphamo.org/mailman/listinfo/ltrc_information_update). The list serve ensures that the facilities receive the *LTC Bulletin* and other valuable information in a timely manner.

## New Director Heads Regulation and Licensure

Kimberly O'Brien is the new director of the department's Division of Regulation and Licensure. The division regulates and licenses hospitals, long-term care facilities, adult day care, child care, emergency medical services and other health services.



Before joining the department, Kimberly was the performance management and safety director for Jefferson City's St. Mary's Health Center. She was primarily responsible for risk management and patient safety. In addition, Kimberly served as director of organizational integrity at Mercy Medical Center in Sioux City, Iowa. There she oversaw compliance initiatives for a tertiary care center, skilled nursing and inpatient rehabilitation facility, home health agency, long term care facility, and four critical access hospitals. Also at Mercy Medical Center, Kimberly led "Project Genesis," a major systems conversion for electronic medical records and computerized physician order entries.

Kimberly earned a Bachelor of Arts degree in Philosophy, Law and Rhetoric from Stephens College, and a Master of Health Administration from the University of Missouri-Columbia. In addition, she completed a post-graduate administrative fellowship with Trinity Health in Novi, Michigan.

Kimberly lives in Jefferson City with her husband and two children. Please join us in welcoming her to DHSS.

## New SLCR Manager

Larry Smith is the new manager of the SLCR Policy Unit. He previously worked for SLCR's Region 6 as a Facility Surveyor.

Before joining the department, Larry graduated from National University in LaJolla, California with a Bachelor of Arts degree in Psychology and a Minor in Health Care Administration. He began working for a private mental health agency in 1999 as a Mental Health Manager. In addition, Larry was an Elder Abuse Investigator and In-Home Support Services assessor for Riverside County, California. In 2004, Larry relocated to Missouri where he was a Case Manager for the Department of Mental Health's Mental Retardation and Developmental Disabilities before joining DHSS.

Please join us in welcoming Larry!

## A CLOSER LOOK

### RESIDENTS' FUNDS MANAGEMENT

by Leslie Steinle, JLCR Auditor



Residents' funds management in long term care facilities is a responsibility that can no longer be placed on the back burner. State and federal surveyors are requiring a higher degree of accountability from facilities entering into funds management agreements with residents. They are taking a closer look and a stronger stance in the enforcement of state and federal regulations governing the management of residents' personal funds.

Funds management might be viewed as an arduous and time consuming task but it does not need to be. By educating themselves on the state and federal regulatory guidelines, facilities can help ensure the accuracy and integrity of their fund management program.

In the last few years, the most common citations during state surveys have derived from state regulations 19 CSR 30-88.020 (2) and (4) - *Resident's Funds and Property*; and federal regulations F159 (2) and (4) - *Management of Personal Funds*. These regulations establish the following standards:

- ◆ Funds that belong to a resident must be used only for the resident, and only when authorized by the resident or by his/her legal guardian.
- ◆ Facility funds must be separated from resident funds.

If any facility has questions about residents' funds management, please contact Leslie Steinle at (573) 526-5049.

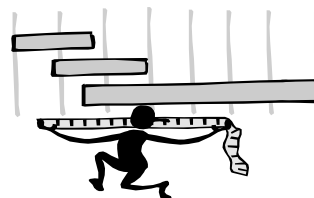


## The Resident Assessment Instrument (RAI) Process

by Joan Brundick, MDS Coordinator

Sometimes we need to be reminded that the RAI's purpose is to improve outcomes and quality of care for long term care residents. If you and your facility only see the RAI as regulatory paperwork, your quality improvement programs are probably not that successful. The RAI's original intent was to assist the industry in developing good, individualized care plans, which can be achieved by asking standardized questions about residents (the Minimum Data Set - MDS). Since then, other effective purposes for utilizing the MDS have evolved. The Quality Indicators/Quality Measures (QI/QM) derived from the MDS are used in national and state quality improvement programs, as well as in the publicly reported *Nursing Home Compare* link on Medicare's website. The MDS is also used to determine the appropriate Resource Utilization Group (RUG) for Medicare Part A reimbursement. Your facility should also review your QI/QM reports and use them in your quality assessment and assurance programs. Research shows that these reports are reflective of care in a facility. Of course, the data are only as accurate as what is coded on the MDS.

Restraint use and pressure ulcers are receiving increased attention as quality improvement areas in long term care. Reducing the prevalence of each is a goal of the *Government Performance Results Act (GPRA)*. As most people realize, a high percentage rate for either indicator usually reflects poor care in a facility. Do you know what your percentage is? The public knows. They can look at *Nursing Home Compare* and see your percentage, along with the state and national average. The current national average for restraint use is 5 percent and Missouri homes average 6 percent. For low-risk pressure ulcers, Missouri's rate parallels the national average at 2 percent. If your facility exceeds these averages, you need to be looking at ways to improve. Primaris and the Quality Improvement Program for Missouri (QIPMO) offer free resources to assist you. For more information, go to: <http://www.primaris.org/> and <http://www.nursinghomehelp.org/>.





## Who can train Certified Nurse Assistants (CNAs)?

by Anna Long, Health Program Representative, SLCR Health Education Unit

The Department of Health and Senior Services (DHSS) must give approval for an organization to become a CNA training agency.

Eligible organizations are:

- Licensed hospitals with long term care units
- Licensed skilled nursing facilities (SNFs)
- Licensed intermediate care facilities (ICFs)
- Area vocational technical schools or comprehensive high schools offering health service occupation programs
- Community junior colleges or private agencies approved by the Department of Elementary and Secondary Education

An organization must file an application with DHSS requesting approval to be a CNA training agency. The application is available online at: <http://www.dhss.mo.gov/CNARegistry/CNATrainingApp.pdf>.

In order to be approved, an agency must:

- Be able to provide 100 hours of on-the-job training or have a written agreement with an agency that can
- Designate space or a classroom for training sessions to accommodate 15 students (instructor/student ratio maximum 1:15 – recommended 1:10 or less)
- Have appropriate equipment to teach the course
- Have approved instructors and clinical supervisors
- Provide a manual for the instructor and each student. The state-approved manual is *The Nurse Assistant in a Long-Term Care Facility*, by The Instructional Materials Laboratory, University of Missouri-Columbia, catalogue number 50-5061
- Pass an on-site evaluation every approval period (approval period is for 2 years)

### Rescission of Training Agency Approval:

Any approved CNA training agency that receives a notice of noncompliance in administration and resident care will also receive a DHSS letter rescinding its training approval. The rescission is effective for two years from the noncompliance date.

### Federal Waiver Process for Ineligible Training Agency:

If a CNA training agency has its training approval rescinded, it must comply with an extensive waiver process in order to conduct training, including entering into a

sponsoring agreement with an approved agency. The waiver process must be repeated for every class the agency wishes to conduct.

New waiver forms must be sent in if the class roster changes. Students must complete a course evaluation, even if they do not finish the course.

### CNA Registry Information:

The registry includes information on:

- CNA and Certified Medical Technician (CMT)
- Insulin administration status
- CNA instructors/examiners
- CMT instructors
- L1MA instructors
- Clinical supervisors

Currently, the CNA Registry does not list eligible or ineligible training agencies.

The Missouri CNA Registry Search website is: <http://dhssweb02.dhss.mo.gov/cnaregistry/CNASearch.aspx>.

### Qualifications for Acceptance into a CNA Training Program:

An individual must:

- Be 18 years of age, or 16 years of age if currently enrolled in a secondary school health service occupation program, or a cooperative work education program of an area vocational-technical school or comprehensive high school
- Not be found guilty of, pled guilty to, or been convicted of certain felonies and/or misdemeanors. A criminal background check is required for each student, per 19 CSR 30-84.010 (6)(A)1.
- Not be listed on the Employee Disqualification List
- Not have a federal indicator on the CNA Registry

**If you have questions, contact the Health Education Unit at (573) 526-8528 or (573) 522-6203.**

<http://www.dhss.mo.gov/CNARegistry/>

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## Are You Ready?



With winter already here, Missouri's long term care facilities need to be prepared for any type of emergency. All licensed long term care facilities must develop and implement a written plan preparing staff and residents before an emergency happens.

There are available tools to assist facilities, including the *Disaster Preparedness Planning Template*, *The Family Safety Guide*, and a video providing step-by-step preparedness information. Go to: [http://www.dhss.mo.gov/Ready\\_in\\_3/AdultCareFacilities.html](http://www.dhss.mo.gov/Ready_in_3/AdultCareFacilities.html) to request a copy, or contact DHSS Center for Emergency Response and Terrorism at (573) 526-4768.

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The *LTC Bulletin* is published quarterly by the Section for Long Term Care Regulation and is distributed to all Missouri long term care facilities. Suggestions for future articles may be sent to [Sally.McKee@dhss.mo.gov](mailto:Sally.McKee@dhss.mo.gov), or by calling (573) 526-8514.